

Physical Therapy Protocol: Posterior Shoulder Stabilization

Philosophy:

Posterior shoulder instability is relatively rare but associated with unique risks in terms of repeat injury and shoulder positions that are symptomatic. The posterior shoulder stabilization protocol is a soft tissue post-op program which allows shoulder patients to recover as safely as possible. The emphasis for these individuals is a unique “gunslinger” brace for 6 weeks, with progression to work/sport-specific activities as safely as possible. These are usually arthroscopic or mini-open repairs and are progressed slow to prevent the most common cause of failure (loss of fixation). An excellent result cannot be established without the patient following the therapist’s instructions.

Phase I, surgery to 6 weeks

Appointments:

- Medical appointment at 5-14d with films
- Rehabilitation will begin as directed by your physician and as indicated on your rehabilitation order

Rehabilitation Goals:

- Protect the repaired posterior capsule
- Cryotherapy unit to the shoulder: twenty minutes every two hours to reduce swelling
- Initiate early protected ROM

Precautions:

- “Gunslinger” brace (sling with supporting pillow) to be worn for 6 weeks day & night, except for hygiene/therapy
- No OH activity
- Avoid IR
- No active flexion for 6 weeks

Range-of-Motion Exercises:

- 0-3 weeks: PROM, and adv to AAROM, max ER to 30° in scapular plane,
- 3 weeks: PROM, and adv to AAROM, max IR to 25°
- 4-6 weeks: PROM/AAROM, ER in multiple planes of shoulder abduction up to 90, max elevation in scapular plane to 120°, abduction to 90°, IR to 35° at 45° of abduction
- 4-6 weeks: AROM max abduction to 90°, ER to 90°, IR to 35°



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Suggested Therapeutic Exercises:

- 0-4 weeks: putty gripping, active elbow flex/extend/pro/sup, cervical AROM
- 4-6 weeks: pulleys in scaption and flexion to tolerance(<120°), GENTLE self-capsular stretches as indicated, gentle joint mobilizations grade 1-2 of scapulothoracic, GH, and AC (avoid posterior GH mobilizations), light elbow/wrist strengthening

Cardiovascular Exercises (with sling on):

- Walking, Stairmaster, stationary bike

Progression Criteria:

- Negative impingement pain or shoulder apprehension

Phase II, (after Phase I criteria met, usually 6-12 weeks)

Appointments:

- MD appointment at 6 weeks
- Rehabilitation appointments every 5-7 days

Rehabilitation Goals:

- Gradually restore full AROM and PROM
- Normalize scapular motor control

Range-of-Motion Exercises:

- Progress AAROM/AROM per tolerance, but limit IR to 40°

Suggested Therapeutic Exercises:

- 6-9 weeks: pulleys in flexion, abduction and scaption; progress to rhythmic stabilizations, scapular PNF with manual resistance, IR isometrics in slight ER (do not perform past neutral)
- TheraBand for ER at neutral, initiate light band strengthening for scap stabilizers (row, extension, depression, horizontal abduction)
- Standing scapular retraction, biceps curl, triceps kickback over table
- 10-12 weeks: Continue all stretching exercises as needed to maintain ROM, progress ER and IR strengthening from neutral to 45° of abduction, initiate band/weighted strengthening into shoulder flexion and abduction

Progression Criteria:

- Full pain-free ROM, muscular strength at 70% of unaffected, no tenderness

Phase III, (after Phase II criteria met, usually 12-18 weeks)

Appointments:

- MD appointment at 12 weeks
- Rehabilitation appointments every 1-2 weeks

Rehabilitation Goals:

- Enhance strength, power and endurance
- Progress neuromuscular control

Suggested Therapeutic Exercises:

- Initiate inferior GH mobilizations to facilitate abduction
- Initiate gentle CKC UE weightbearing exercises on wall
- “Thrower’s 10 program” (T,Y,extensions,row)
- Progress endurance and neuromuscular exercises
- PNF diagonals with band and manual resistance
- Plyometric medicine ball program
- Trunk and LE strength and conditioning
- Self-capsule stretches, progress to isotonic shoulder strengthening exercises isolating the RTC, including side-lying ER, prone arm raises at 0°, 90° and 120° and IR at 0° and 90°
- Progress to standing strengthening exercises

Progression Criteria (18+ weeks):

- Progress end-range stretches if needed
- Prone CKC upper extremity weightbearing strength
- Initiate fitness center program (supine bench press, military press, lat pulldown)
- Progress theraband and dumbbell exercises
- Progress to functional activities needed for work/sports participation
- OK for throwing/OH hitting at 4 months
- Throw from pitcher’s mound at 6 months
- Return to sport is generally acceptable at 6 months after surgery (including collision sports), after clearance by surgeon and physical therapist/ATC

References:

- Azar FM, Beaty JH, Canale ST. *Campbell’s Operative Orthopedics*; 2567-2629, 2017.
- Giangarra C, Manske R. *Clinical Orthopedic Rehabilitation: A Team Approach*;164-173, 2017.
- Maxey L, Magnusson J. *Rehabilitation for the Postsurgical Orthopedic Patient*;99-117, 2013.